## FORM D

Name of Issuer

Address of Executive Offices

**Brief Description of Business** 

Address of Principal Business Operations (if different from Executive Offices)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	1.)3 13 1							
	OMB APPROVAL							
Ì	OMB Number: 3235-0076							
	Expires: April 30, 2008							
	Estimated average burden							
-	hours per response: 16.00							

**SEC USE ONLY** 

Serial

Prefix

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
ne of Offering ( check if this is an amendment and name has changed, and indicate change.)  Goldman Sachs West Street Portfolios, SPC (f/k/a Goldman Sachs West Street Partners II	I. SPC): Shares
ng Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐	□ Section (F)C Mail Funcessing
be of Filing:   New Filing   Amendment	Section
A. BASIC IDENTIFICATION DATA	ΔPR 1 6 2008
Enter the information requested about the issuer	APR TO 2000
ne of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Goldman Sachs West Street Portfolios, SPC (f/k/a Goldman Sachs West Street Partners II	Washington, DC
dress of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, NY 10004	(212) 902-1000
dress of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Nu

To operate as a private investment fund.			APR 242008	D	08046446
Type of Business Organization  ☐ corporation ☐ business trust		artnership, a <b>left</b> artnership, to be f		please specify): Portfolio Company	
Actual or Estimated Date of Incorporation or Org	ganization:	Month 1 2	Year 0 5	☑ Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:	•		l Service abbreviation other foreign juris		FN

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Filing Under (Check box(es) that apply): ☐ Rule 504

Type of Filing: □ New Filing ☑ Amendment

1. Enter the information requested about the issuer

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply:    Promoter    Beneficial Owner    Executive Officer    Director    General and/or
Full Name (Last name first, if individual)
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Investment Manager)
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, NY 10004
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director*  General and/or *of the Issuer's Investment Manager  Managing Partner
Full Name (Last name first, if individual)
Investment Master Trust of ITT Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
50 South La Salle St., Chicago, IL 60675
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director*  General and/or  *of the Issuer and the Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual)
Asali, Omar
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director*  Officer  Investment Manager Managing Partner
Full Name (Last name first, if individual)
Ort, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director*  General and/or  *of the Issuer and the Issuer's Investment Manager  Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Clark, Kent
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
				1				· Carrier - O			Yes	No ⊠
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								*,***		e,		
•••												
2. What is the minimum investment that will be accepted from any individual?								\$	00,000*			
*The Company at its discretion may accept subscriptions for lesser amounts.  3. Does the offering permit joint ownership of a single unit?										Yes ☑	No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										offering. th a state		
Full Name	(Last name	first, if ind	ividual)									
	Sachs & C				_							
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
	Street, New			04								
Name of A	Associated B	roker or De	aler									
					<del></del>	<del></del>						
	Vhich Perso All States" o				o Solicit Pu	rchasers					🗹 Al	ll States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii Name	(Last name	: iirst, ii ind	ividuai)									
Puciness o	or Residence	Address (	Jumber and	Street City	v State Zin	Code						
Dusiness	n residence	, riddiess (:	vamoer and	Bucci, on	y, Diate, Elp	. 0040)						
Name of A	Associated B	roker or De	aler			<u></u>				<del></del>		
	Vhich Perso										ПА	Il States
•	All States" (			(cs) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[YN]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer	<u> </u>					-			
	Which Perso										C	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
רומו	וככז	[CD]	(TN)	[TX]	mm	rvm	[VA]	[WA]	rwvi	(WI)	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity (Shares)	\$	167,075,000	\$ 167,075,000
	☑ Common ☐ Preferred	_		
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify)	\$	0	0
	Total	_		167,075,000
	Answer also in Appendix, Column 3, if filing under ULOE.		<del> </del>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	Aggregate Dollar Amount
			Investors	of Purchases
	Accredited Investors	-	52	\$ 167,075,000
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)	_	N/A	\$ N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of	Dollar Amount
	Type of offering		Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
ti ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fces		团	\$ 37,919
	Accounting Fees			\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify):			\$ 0
	Total		図	\$ 37,919

C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF PR	OCE	EDS	
<ul> <li>b. Enter the difference between the aggreg</li> <li>Question 1 and total expenses furnished</li> <li>difference is the "adjusted gross proceeds to</li> </ul>	\$_	1	67,037,081				
5. Indicate below the amount of the adjusted to be used for each of the purposes shown, furnish an estimate and check the box to payments listed must equal the adjusted group to Part C - Question 4.b. above.							
•				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees.			\$_	0		<b>\$</b> _	0
Purchase of real estate			\$_	0		<b>s</b> _	0
Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		<b>s</b> _	0
Construction or leasing of plant buildings at	nd facilities		\$_	0		<b>s</b> _	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				0		•	0
•			\$_ -		•	°-	0
Repayment of indebtedness			3 –	0		<b>\$</b> _	
Working capital			<b>\$</b> _	0		, –	0
Other (specify): Investment Capital			\$_	0	Ø	<b>\$</b> –	167,037,081
Column Totals			\$_	0	$\square$	<b>\$</b> _	167,037,081
Total Payments Listed (column totals added	167,037,081						
	D. FEDERAL SIGNATUI	RE					
The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the issuer	by the issuer to furnish to the U.S. So	ecuriti	ies an	d Exchange Comm	nission,	upon	Rule 505, the written request
Issuer (Print or Type) Goldman Sachs West Street Portfolios, SPC (f/k/a Goldman Sachs West Street Partners II, SPC)	Signature			Date April 15, 2008			
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Kathryn Pruess	Vice President of the Issuer's Invest	ment	Man	ager	_		

**END** 

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).